
**Tennessee Department of Environment and Conservation
Division of Underground Storage Tanks
Initial Abatement Report Guidelines**

Instructions:

The Initial Abatement Report (IAR) is due within thirty (30) calendar days after the Responsible Party has been directed by the Division to begin an investigation. The IAR shall contain all data gathered during field activities. Environmental assessment activities and evaluation of the subsurface investigation shall be directed by a registered professional geologist under the Tennessee Geologist Act (*T.C.A. §62-36-101 et seq.*) or a registered professional engineer under the Tennessee Architects, Engineers, Landscape Architects, and Interior Designers Law and Rules (*T.C.A. §62-2-101 et seq.*).

If the IAR has not been submitted by the established deadline, a written request, justifying an extension shall be submitted to the appropriate field office before the deadline. An extension is not automatic and enforcement actions may be taken to insure prompt compliance with established deadlines. Failure to meet established deadlines may place the responsible party out of substantial compliance and may result in the loss of fund coverage.

Each section of the IAR shall be prepared and assembled in the order presented within these guidelines. Text shall be provided explaining the associated tables and maps. All maps and tables shall be in appropriate sections, not in appendices. All maps shall be on 8.5 x 11 or 11 x 17 inch paper and contain, at a minimum, a north arrow, legend, scale bar, vertical scale if applicable and figure number. These guidelines are intended to provide a structured outline. Any information that is not specifically requested but is relevant to the project shall also be included. The preparer shall assemble the required information in each section so as to provide a comprehensive document. All pages of the report, including the tables and figures, shall be consecutively numbered. Each section and subsection heading shall be clearly printed in the report. A table of contents shall be provided listing the location of all sections, maps, tables, and appendices.

All correspondence, reports, laboratory analysis sheets, etc. shall contain the TN UST Facility ID Number. A copy of all correspondence and reports shall be submitted to the UST central office and the appropriate field office. Photostatic copies of the laboratory analysis sheets are not acceptable unless the originals have previously been submitted in another report.

A. Release Information

1. Date release confirmed:
2. Date release reported:

Method of contact:

Division personnel contacted:

Reported by:
3. Describe how the release was discovered:
4. Type of petroleum released:

B. Initial Abatement Actions Taken

1. Describe actions taken to prevent further release to the environment (i.e. removal of product from tank, repair to or removal of the tank system, etc.) and prevent further migration of the petroleum (i.e. removal of free product, contaminated soil, etc.).
2. Describe all actions taken to mitigate fire and safety hazards posed by vapors or free product that have migrated from the UST excavation zone and entered into subsurface structures (i.e. sewers, basements, etc.).
3. Provide all additional information and data generated during initial abatement.

C. Preliminary Site Investigation

1. Describe the observations from the visual inspection of all aboveground releases and exposed belowground releases.
2. Provide all data resulting from the monitoring of vapors and free product.
3. Identify all impacts resulting from the release, including the sampling results of all drinking water supplies (wells and springs) within one-tenth (0.1) mile of the UST site.

If petroleum hydrocarbons are detected in any of these wells or springs, the Division and the well user(s) shall be notified within seventy-two (72) hours of the receipt of the sample results. If the contaminant concentrations exceed 0.005 PPM benzene or 0.10 PPM TPH, an alternate drinking water supply shall be supplied to the user(s) of the wells or springs within twenty-four (24) hours of the receipt of the sample results.

4. Provide a vicinity map showing the site location including all streets, buildings, subsurface structures and utilities within one-tenth (0.1) mile from the site. If the results of a site check are being provided in this report, it is not necessary to provide a vicinity map in this section.

5. Provide a scaled site map including tank, line, and dispenser locations, underground utilities, soil borings and monitoring well locations, etc. Indicate former tank systems with a dashed line. If the results of a site check are being provided in this report, it is not necessary to provide a site map in this section.
6. Provide a 8.5 x 11 color topographic map with the site location indicated.

D. Management of Contaminated Materials

1. Provide information concerning the amount and management (storage, treatment and /or disposal) of contaminated soil removed.
2. Provide information concerning the amount and management (storage, treatment and/or disposal) of ground water removed.
3. Provide information concerning the amount and management (storage, treatment and/or disposal). Free product removal shall be conducted in accordance with TGD - 004 Requirements for Free Product Removal.

E. Results of Site Check

If a site check was performed, report the findings in this section in accordance with the Site Check Report Guidelines.

F. Appendices

1. Appendix A shall include the results of the most recent tank and piping tightness tests and any release detection records which indicate a release may have occurred.

Rule 1200-1-15-.03(4)(d) requires that repaired tanks and piping be tested in accordance with Rule 1200-1-15-.04(3)(c) and (4)(b) within thirty (30) calendar days following the date of repair, except as provided in parts 1 through 3 of Rule 1200-1-15-.03(4)(d).
2. The attached Initial Abatement Report Cost Form shall be included in an appendix showing actual costs incurred to date and all estimated costs to perform additional assessment activities. Provide detailed estimated costs to perform additional assessment activities in the Assessment Activities Cost Estimate Form.

INITIAL ABATEMENT REPORT COST FORM

	Estimated Costs	Actual Costs
Site Check		
Initial Abatement/ Emergency Response		
Free Product Recovery		
Initial Site Characterization		

ASSESSMENT ACTIVITIES COST ESTIMATE FORM

Provide a brief description of the tasks included in this estimate. **(Expand this form as necessary)**

- 1.
- 2.
- 3.
- 4.

PROFESSIONAL SERVICES			
Personnel (List Below)	Hours	Cost Per Hour	TOTAL
GRAND TOTAL:			

ASSOCIATED CHARGES			
Drilling			
Excavation			
Trucking			
Surveying			
Analytical	Samples	X	\$/Sample
Rentals (List Below)			
Disposal - Free Product			
Water			
Soil			
Capital Expenditures (List Below)			
Permitting			
Lodging and Per Diem	Days	x \$	
Mileage	Miles	X \$	/mile
Miscellaneous (List Below)			
GRAND TOTAL			

G. Signature Page

A signature page, as shown below shall be attached to the IAR. The page shall be signed by the owner/operator (or authorized representative within the organization) and a registered professional geologist under the Tennessee Geologist Act (*T.C.A. §62-36-101 et seq.*), or a registered professional engineer under the Tennessee Architects, Engineers, Landscape Architects, and Interior Designers Law and Rules (*T.C.A. §62-2-101 et seq.*).

We, the undersigned, certify under penalty of law, including but not limited to penalties for perjury, that the information contained in this report form and on any attachments, is true, accurate and complete to the best of our knowledge, information, and belief. We are aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for intentional violations.

Owner/Operator (Print name)	Signature	Date
-----------------------------	-----------	------

Title (Print)

P.E. or P.G. (Print name)	Signature	Date
---------------------------	-----------	------

Tennessee Registration #

Note: Each of the above signatures shall be notarized separately with the following statement.

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me by _____ on this date

_____. My commission expires _____.

Notary Public (Print name)	Signature	Date
----------------------------	-----------	------

Stamp/Seal